

DEC 20 2004

PATENT APPLICATION

ATTORNEY DOCKET NO. 10990314-1

IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Angela K. HANSON et al.

Confirmation No.: 3407

Application No.: 09/468,257

Examiner: J. R. Pokrzywa

Filing Date: 12/20/1999

Group Art Unit: 2622

Title: AUTOMATICALLY SPECIFYING ADDRESS WHERE DOCUMENT IS TO BE SENT

Mail Stop AF
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- (X) Response/Amendment (X) Petition to extend time to respond
() New fee as calculated below () Supplemental Declaration
(X) No additional fee
() Other: _____ (fee \$ _____)

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS	8	MINUS	31	= 0	X \$18	\$ 0
INDEP. CLAIMS	3	MINUS	11	= 0	X \$88	\$ 0
[] FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ \$300	\$ 0
EXTENSION FEE	1ST MONTH \$110.00	2ND MONTH \$430.00	3RD MONTH \$980.00	4TH MONTH \$1530.00		\$ 430
OTHER FEES						\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 430

Charge \$ 430 to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450.

Respectfully submitted,

Angela K. HANSON et al.

By

William T. Ellis

Attorney/Agent for Applicant(s)
Reg. No. 26,874

Date: 12/20/2004

Date of Deposit:

Typed Name:

Signature: _____